

PATTER	POWER OF ATTORNEY By Assignee  ADRemon Medical Technologies Ltd., assignee(s) of the application for United States Letters for an Improvement in  Systems and Methods for Communicating with Implantable Devices, by Avi Penner, et al.	021228
TR.	Remon Medical Technologies Ltd., assignee(s) of the application for United States Letters for an Improvement in	Patent
	Systems and Methods for Communicating with Implantable Devices, by <u>Avi Penner, et al.,</u>	
•	the specification of which:	
•	☐ is filed herewith, OR ☑ was filed on November 19, 2001, having U.S. Patent Application Serial No. 09/989	. <u>9.</u> 12.
	does hereby appoint as my attorneys and/or agents, with full power of substitution and revolt to prosecute this application and transact all business in the United States Patent and Tradicifice, and in countries other than the United States, and to do all things necessary or approtherefor before any competent international Authorities in connection with any international application(s) corresponding to the above-identified application, all of the registered practitioentified by Customer Number 22249:	emark priate patent
	LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Arigeles, CA 90071 (949) 567-2300	
	Please send all inquiries to William A. English, at the above Customer Number.	
	I, the undersigned, declare that I have reviewed copies of the documentary evidence estable chain of title to the patent application identified above from the Inventor(s) to the assign which:	
	is filed for recordation herewith; or was recorded at Reel, Frame; or has been sent for recordation under separate cover, copy attached herewith.	
•	To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified a Furthermore, the undersigned is empowered to sign this document on behalf of the assignee	
	Full Name of Assignee: Remon Medical Technologies Ltd.	$\neg$
	Post Office Address: P.O. Box 3533, 7 Helamish Street, Industrial Park, Caesarea, Israel 38900	
	Signature of Declarant or Assignee:    Date: 1/9/2002	
	Full Name of Declarant	
	If Other Than Assignee: Hezi Himelfarb Title of Declarant: Chief Executive Officer	$\dashv$
	Address of Declarant: P.O. Box 3533, 7 Halamish Street, Industrial Park, Caesarea, Israel 38900	$\dashv$
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